

Please type a plus sign (+) inside this box → +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)

Application Number	09/904,352
Filing Date	July 13, 2001
First Named Inventor	Donald B. Borders
Group Art Unit	1653
Examiner Name	
Attorney Docket No.	660081.424C2

ENCLOSURES (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers
(for an Application) | <input type="checkbox"/> CD(s). Number
of CD(s) _____ |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance |
| <input type="checkbox"/> Amendment/Response | <input type="checkbox"/> Request for Corrected Filing | <input type="checkbox"/> Communication to Group |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Receipt | <input type="checkbox"/> Appeal Communication to |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Licensing-related Papers | Board of Appeals and |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Petition | Interferences |
| <input type="checkbox"/> Express Abandonment | <input type="checkbox"/> Petition to Convert to a | <input type="checkbox"/> Appeal Communication to |
| <input type="checkbox"/> Request | Provisional Application | Group (Appeal Notice, Brief, |
| <input type="checkbox"/> Information Disclosure | <input checked="" type="checkbox"/> Power of Attorney, and | Reply Brief) |
| <input type="checkbox"/> Statement; Form PTO-1449 | Revocation | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Cited References | <input type="checkbox"/> Declaration | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Certified Copy of Priority | <input checked="" type="checkbox"/> Statement under 37 CFR | <input checked="" type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Document(s) | 3.73(b) | <input checked="" type="checkbox"/> Additional Enclosure(s) |
| <input type="checkbox"/> Response to Missing Parts | <input type="checkbox"/> Terminal Disclaimer | (please identify below): |
| under 37 C.F.R. 1.52 or 1.53 | <input type="checkbox"/> Small Entity Statement | <u>Copy of Assignment Donald</u> |
| <input type="checkbox"/> Response to Missing | <input type="checkbox"/> Request for Refund | <u>B. Borders et al. to BioSource</u> |
| Parts/Incomplete Application | | <u>Copy of Assignment</u> |
| | | <u>BioSource to IntraBiotics</u> |
| | | <u>Copy of Assignment</u> |
| | | <u>IntraBiotics to Micrologix</u> |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTIndividual Name Jeffrey C. Pepe, Ph.D.
Reg No 46,985

00500

PATENT TRADEMARK OFFICE

Signature

Date

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents Washington, D.C. 20231 on the date specified below.

Typed or printed name

Signature

Date